

CUSTOMER RETURNS FORM

To Sarclad Limited Advanced Manufacturing Park Whittle Way Rotherham S60 5BL United Kingdom		Customer Address Telephone No.	
Date:	Purchase Order No.	Your Reference:	System Reference: <i>e.g. TX1234</i>
Product Type – please tick relevant box: Rolltex <input type="checkbox"/> SCM <input type="checkbox"/> Rollscan <input type="checkbox"/> In-Chain SCM <input type="checkbox"/>			

Items to be returned:			
Part No.	Part Description:		Qty.
Date item(s) was received:		Issue Date:	

Reasons for return:

- What is wrong with the item(s)?
.....
- How long has this been happening?
.....
- Is an urgent replacement item(s) required? Yes No
 If yes please indicate course of action you require:

Please state any additional comments in the box below:

Action to be taken: (Sarclad use only)

Replacement Repair Credit

Please be advised that there will be a minimum handing charge of £100 GBP unless the item is under warranty. By signing this document you are accepting the above terms.

Please Sign and Date:

Print Name: **Signature:**

Position: **Date:**